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CHRONIC CYSTITIS AND LITHOTRIPSY IN THE FEMALE.*

BY FRANK A. ROCKWITH, M.D.

OF all ailments most unsatisfactory to treat are, without doubt, the chronic diseases of the bladder.

Since my first residence in this State and the second, seven years have intervened, the changes noticeable, being a diminution of inter and remittent and a greater prevalence of typho-enteric fevers, pneumonia and diseases of the greater mucous surfaces. Among these, catarrhal inflammations of the bladder hold a foremost rank; so that during the three years past, I have treated very nearly four hundred cases of cystic ailments. I have not thus far been able to establish any special theory, explanatory of the occurrence of so much urinary disease in this State, nor do I believe the solution of this mystery easily explainable. I feel, however, justified from the results obtained by me in this attempt, to point to drinking-water as a subject requiring more special study, particularly as relating to its organic elements; of course I have reference here only to cases not of a gonorrheal or venereal origin, and hence, such only in which neither anamnesis or discrasia could furnish any plausible theory of causation.

So great has been the prevalence of this class of cystitis, that I have frequently found it necessary to inquire for its possible concomitance, even in cases otherwise hardly warranting it.

The remedies most actively responsive, or

generally reliable have been the so-called tissue remedies of Schüssler-Herring celebrity.

Ferrum phosphoric., *kali muriatic.*, *kali sulphuric.*, *calcareo phosphoric.*, and also Granvogl's *Lapis alb.*, which by its elementary character, ought by right to be classed among the tissue remedies.

In post-gonorrheal affections of the bladder, or those having had their origin in preceding malarial diseases, I have found, however, none of these to supersede *argentum nitricum* and *arsenicum album* in effectiveness.

Ferrum phosphoricum was indicated in the chronic acute hyperæmia, with well expressed hyperæsthesia from touch or contact; also, with hemorrhage and hot, scalding, highly acid urine.

Kali muriaticum, (perhaps the oftenest indicated remedy,) I found useful in the second stages, hence in croupous and ulcerative conditions. For it, the urine must be bloody, slightly or absolutely alkaline, and contain cystine (greenish-yellow sediment), mucine (bloody or ropy dirty white sediment, containing epithelial cells) in more or less abundance.

Occasionally *kali sulph.* will be better suited, particularly where the chronicity is more remote. In all neoplastic formations, in granular and fungoid degenerations of the mucous follicles, Granvogl's *Lapis alb.* has rendered me astonishingly good service.

(The *magnes. phosph.*, however much recommended in the spasmodic retentions of urine from canular constriction, has always left me in the lurch; neither can I perceive the possibility of its indication, when we consider that the difficulty is rather subjective of muscular or mucous hypertrophy than of nervous anutrition).

But in the far more general run of cases, which have been preceded by leucorrhæa, and have been mismanaged with the so-called diuretics,

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argentum nitricum has been the really specific remedy, and not only in the gonorrheal, but also in those of strictly malarial origin, and in which chronic cinchonism was or was not a prominent accompaniment or modifier of their general symptomatology.

Its specific first indication is above all the catarrhal diathesis, with local or general hyperæmia of the respective surfaces.

Subjectively, there must be present frequent urging micturition, not so constantly or often as in *fer. phos.*; but, only every one to two hours. This urging, if not heeded, causes the patient to pass the urine almost involuntarily. In passing the water, the patient experiences a *supra-pubic pressure* in the bladder, he leans forward or is actually forced to bend over in order to relieve it. The remedy, therefore, is contra-indicated when the pressure is downward, as it were prostatic, for which, indeed, it has often been mistaken, whereas it is really owing to an excentric hypertrophy of the vesica above or immediately behind the prostate gland. In such cases, too, there occurs a want of power to expel the whole contents of the organ, and the tendency in time, is to calculous concretions and diverticular enlargements; for this variety of symptoms, with or without actual prostatic circumstance, *kali muriaticum* has yielded me great satisfaction. The uroscopic indications for *argent. nit.*, are a white mucro-phosphatic urine, of low specific gravity. Constipation, too, is nearly always present, and helps to differentiate it from other remedies. Should, however, the above *argentum* symptoms become intensified, both subjectively and objectively, with great thirst, moral despondency; with more or less intermission in the accompanying pyrexia, and particularly with meteoric distension of the bladder, *arsenicum album* has always been the true and most specifically indicated agent.

The old hackneyed remedy, *cantharis*, I have found always of more injury than good; indeed I think its indication decidedly doubtful, in spite of their pathogenetic reputation. This, of course, has reference to strictly vesical disease only, and hence does not apply, as in the case of *cantharis* at least, to nephritis, or urethritis. Their previous use allopathically or in the low homœopathic potencies, is one of the many causes of so much chronic catarrh of the bladder, as is also the continued use

of *quinine*, which more than malaria, has caused cystitis of the most obstinate nature; not so much, however, by any specific action upon the tissues of the bladder as by its deleterious effects upon the blood, (hypertrophy of the red blood corpuscles; *vide* Marasün über die Dimensionen der rothen Blütkörperchen. Tübingen, 1872.) of the whole organism itself.

The further urinary symptomatology of *arsenicum alb.* is well known, namely: paralysis of the bladder, bloody burning urine, and dark (azoturie) urine, of high specific gravity; containing *always* cystine, seldom mucine, in very chronic cases with lithiasis, dirty, greenish, white, ammoniacal urine.

But aside of the remedial treatment, not enough can be said of the dietetic, hygienic and mechanical. Thus, first of all, a total abstinence from vinous, acetous, limonial and cerevisial beverages should be enjoined, for the chemical reason that they lead to a highly oxalitic and amoniacal urophany; hence, also, ought vegetables and fresh fruit be included in this catalogue.

(Strictly, alcoholic drinks, such as brandy, whisky, and undoctored gins, seem, on the contrary, often to be followed by a real improvement, and particularly when fever and a high pulse, generally with partial or cardiac disturbances, are present; hence, therefore, in the rheumatic diathesis). I confess that this parenthesis must lead to some discussion, yet I have no other explanation to offer than that of mere actual experience. However, *experientia plusquam ratione vivimus*.

Again, in a psychical respect, a complete passivity of the mind, total avoidance of excitement, business harass, excessive study, or any other undue mental strain, should be rigorously enforced.

Mechanically much relief has been obtained by me in atonic forms of cystitis, but more especially in the extension variety, or also in cases of a highly ammoniacal urine, and that in which fibriones were present, by injections of tepid water, to which I have occasionally added ten or fifteen per cent. of alcohol, (or in traumatic cases, *tincture of arnica* in the first or second decimal attenuation.) But in the use of the catheter not enough caution can be observed as to its utmost cleanliness, as by its neglect most serious mischief might be incurred.

The allopathic practice of injecting *lunar*

caustic or *carbolic acid* I have found dangerous, and hold decidedly reprehensible.

Among the, comparatively speaking, large number of vesical diseases treated by me during the last three years, there naturally must have occurred many of an altogether surgical character, thus I have had a most troublesome case of cystitis with fungus of the urethra in the person of a lady, which, though repeatedly removed by surgical means, and but indifferently relieved by the most carefully chosen remedies, was almost instantly cured by the mere weaning of her nine months' old infant. There was also present the most intense clitoral excitement, which only a most rigid self-control prevented from becoming erotomanic. A most outrageous treatment with large doses of quinine had been persisted in by her previous and so-called homœopathic physician.

The purely symptomatic chills in this case had been mistaken by that gentleman for ague, while in fact they were nothing more or less than *traumatopyrus rigors*, without regularity in their recurrence, or any of the other characteristics of the ordinary ague chills; certainly *thuja* 200 dispelled them as readily as a gust of wind does the chaff of wheat.

But the by far more interesting surgical case was that of calculus in the person of an old lady in the seventies.

This patient first came to me a year previous to the operation I am about to relate, with what appeared as a progressive locomotory paresis of the lower extremities, with heaviness in the lumbo-sacral region. When I stated that a urinary analysis might best help in understanding her case, she immediately remarked of having had, and still having, a great deal of trouble with the bladder, but that she had ascribed that to causes connected with the womb. She had passed through five pregnancies, in all of which instrumental interference had been necessary. I made no prescription at this time, nor did I see her again until when called to her bed-side.

The messenger who summoned me brought me a small phial of urine, with the statement, that as I had spoken of it during her previous call upon me, they had thought it might prove useful to me at this instant.

This I found (without an actual analysis, and hence purely uroscopically,) to be highly alkaline, of dirty-grayish color, with thick ropy mucus,

interspersed with fine whitish-colored grains of sand.

Upon my arrival, I found the patient in a very critical condition; the countenance, expressive of anxiety and painful suffering, was pale and covered with a clammy moisture; the pulse was feeble and quick; the tongue, pale on its sides, was brown, dry and cracked upon its median portion, yet not tremulous as in typhus.

She lay upon her back, with limbs flexed and everted; the abdomen was compressed at its sides, while from the pubic symphysis nearly up to the navel a well-defined, dense, somewhat ovoid tumor could both be seen and felt. It was exceedingly sensitive to touch, and tympanitic throughout.

The urine had been suppressed for over 24 hours, as it indeed had at other times been always irregular as well as painful in passing.

Upon closer examination I found the genital labia distended, the vagina partly prolapsed, and the urethra protruding from the *meatus urinarius* in a sort of intussuscepted condition.

The careful introduction of a sound was at first met by a resistant force on the part of the evolved urethra, but was, after entering the vesical cavity, followed by an explosive, spluttering sound, accompanied by mucus, urine and gas, which escaped at the sides of the staff. By a gentle downward sweep of the instrument I came in contact with a solid body, the well-known click of the steel upon it telling me of the presence of a calculus. I soon discovered that I was dealing with a multiplex, unusually large calculus, which a more careful after-exploration showed to be a numerous collection of solid calculi, held together by some very fine pedicel.

The withdrawal of the instrument, followed as it was by a free flow of stringy, puro-purulent urine and gas, gave the patient much relief. The distention of the bladder too subsided somewhat, the pulse rose, the former anxious, fearful look became more placid and confident, and altogether she felt better; so much so, that I thought it safe to proceed to a further effort in the case at that time.

With this end in view, I now made the attempt to extract, one by one, each adhering calculus, using for this purpose an ordinary long-shanked, double croning extracting forceps. You perceive now, by the specimens here presented, that

the arresting medium was, in every instance, one short thick hair, which it only needed a slight but active jerk to break from its attachment. You notice, also, that some of these calculi are hard, granular and rough; while others are smooth and pyriform. After removal of these fifteen separate concretions, I came upon one which rested in a sort of diverticulum, and too large to pass the urethra. Judging at the time from the spread of the handles, I thought its diameter to be about $1\frac{1}{2}$ of an inch. This I decided to remove in sections, which I hoped to accomplish by gently cracking it into a few large fragments, and thus avoid the possibility of leaving behind particles too small for instrumental removal, and which I feared might become the nuclei of new formations of stones. But notwithstanding my utmost care in the manipulation, I failed to succeed in my endeavor, for the slightest pressure of the forceps crushed it into an almost impalpable powder. Nothing was left me, therefore, but to wash out the debris from the vesica, by means of a narrow gum catheter, attached to a black rubber syringe, and which permitted the hard and even larger fragment of calculus to pass by its side from the vesico-urethral meatus.

Judging from the amount of sand collected in a small receiving vessel, I think that I succeeded in this with considerable luck. Yet, who may tell whether or not some particles still remained. Either arrested in one of the many diverticular rugae, or held in some other way.

I gave the patient *arsenicum alb.* 12 tr. centess. every two hours, for several days, with very satisfactory results; after that, I put her upon the empirical remedy *boro-citrate of magnesia*, prepared by myself, according to monograph of Dr. C. A. Becker, on "Der Boracit das Geheimmittel des Paracelsus geyen den Stein;" (Muhlhausen, 1868).

The patient made altogether a fair recovery, so that for several months at least she was able to attend to her ordinary household duties, and go to church several miles distant.

About six or seven months later I learned of her death a few days previous, and that nearly the same conditions had supervened as during my attendance.

The calculus here presented, as well as the gravely sand from the large broken calculus, was of triple phosphate of magnesia and lime, containing besides uric acid, urate and carbonate

of ammonium, and albuminoid bodies. It is needless to add here that without the microscope and chemical analysis but only a very partially satisfactory diagnosis can be established, and hence must make the treatment of urinary diseases always a trying one.

Another point yet to mention is the fact of the necessity of a chemical differentiation between mucus, cystine, pus and semen, and blood-albumen, data of the utmost value in diagnosis as well as in prognosis.

GRINDELIA ROBUSTA.

BY JOHN L. SEWARD, M. D., ORANGE, N. J.

THE *Grindelia Robusta*, or "Wild Sun Flower," is an herbaceous perennial plant, found in some of its varieties on the Western prairies, and scattered along over the Rocky Mountains, in parts of British America, and upon the Pacific Slope, where it reaches its greatest perfection. The two principal varieties are *grindelia robusta* and *horsatula*. The *robusta* being the one which has thus far been the subject of most of the experimentation.

Within the past year considerable interest has been excited in it by some California writers, and the Electrics have taken it up, and while they recommend it for several diseased conditions, they have not as yet reported upon its efficacy. Mr. J. G. Steele, a chemist of San Francisco, in a paper published by the American Pharmaceutical Association, called attention to its powers as a remedy for the rhus tox., or ivy poison; and Dr. W. P. Gibbins, of the same city, mentions it favorably in connexion with asthma. Dr. Henry M. Fiske, of California, extols it highly as a dressing for vesicated surfaces. The fresh herb, bruised and applied over a burned surface, he states, has given more relief than any measure he is acquainted with; also for uterine and vaginal catarrh, in the form of an injection of the tincture or fluid extract, one to four of water, three or four times a day. This mode of application is objectionable, because water precipitates, hardens and renders comparatively inert the resin in which the medical properties reside. In vaginitis, Dr. Fiske has had good results speedily developed by a local application. On its efficacy in *iritis*, however, he lays the greatest stress, and thinks the remedy almost specific in most of its diseased conditions, whether proceeding from

the gouty, rheumatic or scrofulous diathesis, or from cold or violence. He mentions cases from which I infer that not only may it be useful in iritis, but also in acute inflammatory affections of the eye generally.

In chronic ulcers of the leg in old men with low vitality, and a local condition of the limb somewhat resembling elephantiasis, its powers are said to be remarkable. A case of this character was cured at the clinic of the California Eclectic Medical College, last winter. The dose was 10 drops, three times a day, and a lotion \mathfrak{zss} . to water \mathfrak{zvi} . to last a week. The improvement was marked at the end of a week, and went on to a rapid recovery.

My own experience with this new aspirant for therapeutical honors has been quite extensive in its relation to the rhus poison. I believe it is the natural antidote to the ill effects of the rhus family. Five years ago my attention was arrested by the above brief statement. I could find only two references to the plant, one in the dispensatory similar to that recorded above, and in an old number of the *Philadelphia Journal of Pharmacy*, a Doctor Canfield makes the statement that he has found it an unfailing remedy for ivy poison, and this has been the result of my own experience with it. In a large number of cases it has almost universally acted most admirably. In those old chronic cases which return year after year, it has thus far been specific, and in acute cases it has failed me but once. It usually manifests its effects in from two to four days, at which times the patient is generally convalescent. Formerly I used a watery solution of ten drops of the fluid extract to the ounce, latterly either the undiluted fluid extract or diluted with alcohol. It acts equally well in either of these forms, though no doubt the watery solution needs to be freshly prepared.

I think it is one analogue of rhus, apis and ledum, and suggest its use in erysipelas as well as more chronic skin diseases, and trust that it may soon be deemed of sufficient importance to our branch of the profession as to merit a proving.

From the above statement of its positive and marked remedial qualities, observed by reputable observers, it is evident that it is destined to become one of our already large number of valuable native medicines, and because of this promise I invite your attention to it.

The following article on *Grindelia Squarrosa*, by J. H. Bundy, M.D., of California, is subjoined by the request of the writer.

"The *Grindelia Squarrosa* is, so far as I know, indigenous to California, and has never been brought to the notice of the medical profession as a remedy of medicinal value. My attention was called to it about eight months since, at which time I gathered a handful, and when carefully dried, prepared a tincture, using eight ounces to the pint of alcohol 78°, by percolation. The great aroma of the plant, and the amount of gum and balsam it seemed to contain, led me to test it, as it seemed to me the plant must be of some value. At the time of my test, I did not know what the plant was, and sent specimens to New York and Philadelphia, where its botanical name was determined. It grows in the valleys of our State, and not in the hills like the *Grindelia Robusta*. It is a perennial, growing from one to three feet high, and deciduous. It blooms about the first of May and continues in bloom for months, and in the fall becomes very rich with the gum-like resin it contains.

The test I have spoken of, was one to decide its physiological action upon the human economy; and selecting myself as the subject, I commenced at seven o'clock in the evening by taking one teaspoonful of the tincture I had prepared. In half an hour took another, at which time I began to feel a terrible fullness in my head as though I had taken ten or more grains of Quinine. This continued for about ten or fifteen minutes, when I was taken with a pain in my left eye, and the right knee joint, precisely like acute rheumatism. The pain in my knee did not last more than a half hour. And at this time I took the third teaspoonful, (my wife begging me not to take any more, that I would get poisoned.) The pain in my eye became the most intense that can be imagined, the pupil becoming dilated largely; and strange to say, it was two hours before the right eye became affected, but when it did my misery was only doubled. At the time the right eye became affected I was taken with an unbearable pain in the entire region of the liver and spleen, and so severe was it that I could not lie still one moment, and the soreness in the region of the pain was like nothing to which I can compare it, except that of acute rheumatism. With a towel tied tight around my head, and hot applications over liver and

spleen, declaring that I had inflammation of the brain and of the liver and spleen, did I pass the most terrible night of my life, and my wife hoped it would be my last experiment in testing drugs.

The pain of the eyes was in the *eyeballs*, and ran directly back to the brain, and to turn or move them was torturing. In fact the pain produced by the drug, wherever it occurred, was like that of rheumatism—pain with soreness. The conjunctiva was remarkably injected, and the eyes presented the appearance noticed in congestion of the brain. In the morning I sent for my partner, who visited me. I told him my experiment with the drug, and he gave me *camphorated tinct.*, opii in \mathfrak{Z} i doses, and in a few hours I fell asleep. The pain in my eyes, together with the soreness, lasted me three days, which time I was in bed, and I took good care that none of my patrons should know how I became sick. I have given a perfect representation of the action of this drug upon the economy, and now will give a list of cases treated by it, and the success.

The action of the drug on the nervous system is remarkable. It at first, when given in full doses, acts upon or influences the optic nerve—and in a little time it just as surely influences the *par vagum*; and to that degree that it seems to interrupt respiration. The interruption of respiration in my own case was so great as to prevent sleep, even if the pain had not prevented. The moment I would fall asleep, the respiratory movement would cease, and it would not be resumed until awakened by the suffocation that resulted from the suspension of respiration. Now a remedy that will so remarkably influence individual organs or parts in health, certainly must have an influence in disease. The first case that came for treatment after *my own illness*, was a young man, who had been suffering from chills for five or six months, and who presented an anæmic and bloated appearance, spleen much enlarged, with pain in both sides, region of liver and spleen. I gave him \mathfrak{R} *Quin. sul.* \mathfrak{Z} ss; *elix. tarax. co.* \mathfrak{Z} i. M. Take one-third every morning. \mathfrak{R} *tinct. grindelia squar.* \mathfrak{Z} ii; *ferri cit.* \mathfrak{Z} ii; *syr. simp.* \mathfrak{Z} ii M. One teaspoonful four times daily.

The quinine broke the paroxysms and the grindelia worked most charmingly on the spleen. The patient got his prescription filled the fourth time and was well. Very good. Now I said to my partner we have got a good and valuable remedy for the spleen, and accordingly we have been using it for splenic diseases, and have become perfectly satisfied as to its certainty of action on this organ. I had used considerable of the *polymnia* for hypertrophy of the spleen, and it is a

good remedy, but it is not as potent a drug as the *grindelia squarrosa*, and is not as prompt in its action. The *grindelia* is bound to be introduced to the profession, and when practitioners have once used it in hypertrophy of the spleen, they can no longer doubt the efficiency of drugs that will influence the spleen. I use it in coughs, especially *irritable* coughs, in combination with aconite and *eriodyction glut.* (*yerba santa*.) and it acts nicely. Where there is extreme nervous excitement it acts much more promptly than any preparation of valerian or *hyoscyamus* that I ever used. From its action on the optic nerve, there is a class of diseases belonging to that organ that it will prove of great value in, though I have had no opportunity of testing it in that direction. Living, as I do, in a malarial region, the spleen has offered a good opportunity, and in that direction I have faithfully proven the drug, and more than twenty cases testify to its great value.

Not long since I met a Spaniard, and calling his attention to it, he said *they* called it *ager weed* (*ague*) and that it would keep off any kind of *ager* if you would only make a little tea and drink of it, and that the Spanish had used it for years for that purpose. I am constantly using it, and will write further on the subject at another time. I had concluded to offer it in half pound packages by mail to those who would send just enough to prepay postage—until I had distributed one or two hundred pounds—but as I did not have it on hand, and was going to start for the Centennial the 1st of June, it would be too much trouble. Those who desire to try the drug can be supplied by Messrs. Parke, Davis & Co., Detroit, Mich., as I have made arrangements with that house, and they will be supplied with a good, fresh and genuine article of the drug.

I hope to meet with very many physicians this summer, and have the opportunity of exchanging thoughts and ideas on the testing of drugs.

California is bountiful in this line, and in time will open up a large list of the most valuable drugs. I had neglected to state the dose of the *grindelia*. One half teaspoonful of the tincture made as above directed is a full dose for the adult. Do not give too much as its effects upon the head is unpleasant, and I do not think it influences the spleen as satisfactorily as in smaller doses. Whoever uses once, will not be without it, and any further use that may come to our knowledge of this valuable remedy, I hope none will be backward about publishing."

VALEDICTORY.

BY S. F. BURDICK, M. D.

(Of the New York Hom. Medical College, March 2d, 1876.)

GENTLEMEN of the graduating class, years of toil and study to-night bring you their reward.

While you burned the midnight oil, while some of you labored hard combating with the

stern fortunes which surround you, while you listened attentively to the various instructions of your college days, and lastly, when you entered upon your examinations for the honors of to-night, it was with mingled feelings of hope and fear.

To-night, that fear is vanished, that hope is passed into realization; you stand before the world, Doctors of Medicine.

That happy period of life, college days, is past; and to-morrow, as you go forth to your homes, it will be with feelings of joy and regret.

That which is in the past, many of you would gladly live over again, while thoughts of success in the time-honored profession you have chosen, will cause your hearts to grow big with hope.

In coming before you to-night in behalf of your "Alma Mater," it is to congratulate you upon this your success, and to welcome you to our ranks with a right hearty cheer.

One hour since, you were fellows with your classmates as students; now you have joined hands with your teachers, to work side by side with them, in elaborating those truths which shall carry the science of medicine on, nearer and nearer perfection.

Then you are still to be students; the toil of the past has only been in laying the foundation; now commences the work of raising the superstructure.

The rough granite is to be changed into a thing of beauty, stone after stone fashioned to its fitting; thus working, thus advancing, until the "Great Architect" assigns you a part in that now perfect work, beyond the ills of life.

In these, your new relations, you must keep pace with the sciences.

The microscope must be your companion, the spectroscope a familiar friend; histology and pathological anatomy no strangers.

You should converse with plants and flowers, as with those of your own household; in fact, all that pertains to a higher culture should be found lingering about you.

In your relations to society, remember, the true physician is always a gentleman, and as such, you should be recognized under all circumstances, your habits being tempered with prudence and sobriety, free from all those eccentricities that would be likely to bring you in harsh contact with those around you; yet possessed of that stern integrity of purpose that should never permit you to turn aside from a conviction of right.

Let your associations be those of refinement, remembering that vulgarity and profanity are indicative of low culture, and unbecoming a gentleman, especially a physician.

Pervading your whole character there should be a high moral tone, to which, if the purity of Christianity, you will be the better suited to the profession you have chosen.

In going out from this College as homœopathic physicians and surgeons, you will be warmly welcomed by those of the profession who have learned to recognize "*God's great law of cure.*"

The pass-word which will ever admit you to their sympathies will be found in "*Similia similibus curantur.*"

By many of the dominant school, from whose eyes the scales have not yet fallen, you will be ostracized and rudely treated.

Heed it not, but show to them, that as gentlemen, you as far exceed them as you do in your therapeutics.

I would not have you infer from these remarks that there are not gentlemen in the old school of medicine; on the contrary, there are many, and those too, who, while holding views differing from you, with reference to the treatment of disease, could never descend below the gentleman in their intercourse with you.

You will find many, also, so fettered and trammelled by their society proscriptions that they cannot freely and fully investigate truth unless it comes through *certain regular channels.*

These would hardly dare be seen publicly conversing with you, much less would they venture a consultation, though they might be fully satisfied that you were in possession of that skill and knowledge which would save the life of their patient, even should the sufferer chance to be a member of their own family.

To these extend your heart-felt commiserations, as you would to those long enslaved under a *bigoted tyranny.*

In your ethics toward any member of the medical profession, where you are in doubt as to what is right in any decision you are to make or act you are to perform, "put yourself in his place," and you will find little trouble in arriving at a just conclusion.

Never withhold from the profession any knowledge that can possibly aid in the cure of disease. Accept truth from any source, and if you ever so demean yourselves or the profession as to accept and secretly use that which you openly deny and ridicule, I beg of you, from that moment, never allow your names to be associated with homœopathy.

In entering upon your professional life you will be stimulated by two motives, in addition to that noble impulse and desire to relieve the sufferings of humanity. Those of you who have exhausted your resources upon your education, will feel the necessity of making your profession bring you a comfortable living; and this you are entitled to. Those of you who are surrounded by wealth will look for honors. These you will be deserving of if you earn them by your own exertions, and do not depend upon your money to place the laurel wreath upon your brow.

It makes little difference which of these paths you take; if you are made of the right metal

you will eventually secure both; if you are not, the sooner you sink into oblivion the better it will be for the community. You must not expect a large practice is at once to flow into your hands, it would not be for your best good.

You will require time for study; as the work grows you will grow with it, and you will grow into the hearts of your patients, and they will come nearer and nearer to you.

Here I must caution you. Do not fall into the delusion that you are indispensable to them, for you will find many times, where you have made the best cures, where you have toiled day and night to drive back the fell destroyer, and have at last snatched from his grasp the fondest treasure of the household, and handed it back with the bloom of health upon the cheek, that you will be set aside for some miserable charlatan, simply because his charges are a little less than yours; or because your bill is thought to be a little too large; when in fact the whole amount would be but a mean compensation for a single night of your toil and anxiety. But do not let this timely warning dishearten you, for you will find many staunch friends who will not compute your worth in dollars and cents. In their hearts you will ever have a warm place. In the hours of their darkest trouble they will lean upon you, and when the sunshine again appears they will not forget.

Remember, also, that sacred obligations devolve upon you. Treat those under your care with the most perfect candor, the position you occupy demands it; it is their right to expect it. Never delude a patient with the assurance of recovery when you know it is impossible. Never take away the hope of life as long as you can avoid it in truth.

This is one of the most trying positions a physician can possibly be placed in, and here his words should be tempered with wisdom and mercy.

Ever carry a cheerful face into the sick room; it, like the morning sun, will dispel the mists and fogs of disease, and revive the flickering hope which had almost gone out in the darkness of the night.

You will come much in contact with children, with them lay aside your professional bearing, enter into their childish natures, with that sympathy which shall win their love and confidence, making your approach always welcome. With children of a larger growth you will find adaptation equally necessary.

With some dignity and reserve will be the direct road to their appreciation. Others would much prefer their physician should be social, genial, but a gossip is contemptible, and despised by all. A pleasant joke harmonizes well with many, but here caution is needed; those who enjoy jokes do not appreciate them on all occasions. Gentleness of touch, never inflicting un-

necessary pain, will be warmly welcomed by all; while harsh words and acts are cruel, and belong not to your profession.

A great mistake is many times made by treating the sufferings of others too lightly, even when they are known to be magnified. Sympathy is always preferable to ridicule, interest to indifference. And let it be the watch-word of your lives, never to forget the poor.

Eighteen hundred years ago, among the hills of Judea, there lived a *Great and Glorious Physician*. His fame spread throughout the land: the rich and the poor alike gathered around *Him*, to listen to his teachings, and to be healed of their maladies. On one occasion, when he was thronged by the admiring multitude as they pressed on, each eager to approach him more closely, a cry arose from the wayside.

The crowd tried to silence the miserable being from whom it came, telling him that it was the *Great Jesus*. But his pleadings had already fallen upon the ear of the *Great Master*, who, turning aside, commanded the multitude to be silent; approaching the road-side, his eye rested upon a poor, wretched, blind beggar, clothed in rags, pleading for sight.

He stooped, healed him, and sent him on his way rejoicing; and thus through his whole career there were none so poor, none so lowly, that they might not seek and receive his care.

And you, who have chosen the healing art, as you pass along the great highway of your profession, and the pitiful pleadings come up to you from the wayside, *pass them not unheedingly by, though you may be thronged by the rich, and courted by those in high places.*

Turn aside, enter where the chilling blasts come whistling through the crevices, where the smouldering embers only intensify the gloom within, where kind words even may for long years have been strangers, and now, the cruel pangs of disease are torturing the only remnant of life which was bearable.

Here, words of sympathy falling from your lips, little dainties by your hands provided, kind services by your efforts secured, may lift for the while the dark cloud from which the pelting storm has so long been hurled, letting flow in the smiles of Heaven, through the sunshine which warms and thaws, the heart so long frigid with poverty and wretchedness,

Thus imitating the "Good Physician," when your autumnal sun sinks low in the west, its golden tints shall come floating back, presenting sky and cloud, with the glorious beauties of a well-spent life; and as the eye grows dim, and the feet shrink from entering the chilly waters of death, "a still, small voice" shall whisper in the ear, "Inasmuch as ye did it unto the least of these, ye did it unto me;" thus opening wide the portals to that great, glorious, and eternal work beyond.

Clinic.

SURGICAL CLINIC OF NOV. 13TH, 1876.

BY WM. TOD HELMUTH.

HYDROCELE.

CASE 1. Julius C., aged 46 years, carpenter.
Case reported October 31st.

Prof. H. "Gentlemen, you will remember that at the last clinic we had a patient here with hernia, and that I then endeavored to draw for you some of the diagnostic points of difference between it and hydrocele. You all know that in oblique inguinal hernia we have the gut passing through both rings and the inguinal canal, the difference between it and direct inguinal hernia being, that in the latter (as one of the coverings,) the conjoined tendon is substituted for the cremaster muscle. In the most complete form the gut passes down into the scrotum; these tumors are often diagnosed as hydrocele. The following is the differential diagnosis between inguinal hernia and hydrocele:

1. Hernia is almost invariably opaque, the only exception being in case of a large fold of the intestine distended with gas and covered by thin integument.

2. The tumor is always varying in size, and can be generally made to disappear by pressure.

3. The cord can never be distinctly felt in any part.

4. The tumor is enlarged upon coughing or exertion.

5. The testicle can be felt distinct and separate from the tumor at the lower part of the scrotum.

6. Hernia appears suddenly, is developed from above and descends.

1. Hydrocele simulates hernia, but differs from it by being more or less translucent.

2. The tumor is constant.

3. A part of the cord can be felt distinct from the tumor at its apex.

4. Hydrocele, as a rule, does not enlarge upon or feel the impulse of coughing or exertion of the muscles.

5. The testicle can scarcely be felt, if at all.

6. Hydrocele forms gradually, and is developed from below upwards.

A congenital hernia is often spontaneously cured, and therefore when we see cases reported in the journals as cured by remedies, especially those occurring in babies of two and three months old, we must not attribute too much to the action of the drugs. The medicines which have

proved most effectual in my hands are as follows: *calc.-carb., conium, dig., dulc., graph., iodium, merc.-sol., puls., rhod., sil., sulph.*

Dr. Black, in the *British Journal of Homœopathy*, reports cases cured by graphites 30th trit. Dr. Wetmore also reports two cases cured by graphites 30th trit. There is a palliative treatment of hydrocele which consists in evacuating the sac either by acupuncture or by the trocar; while the radical treatment consists in exciting inflammation in the sac after the withdrawal of the fluid, thus preventing its return. One of the older methods is the injection of the *tinct. iodine*; or still better is the injection:

R Iodide potass. ʒij.
Aque dist. ʒss.

Adde.

Tint. iodid. ʒiv.

Another method of cure is that by incision. The cut can be made through the scrotum, and a portion of the tunica vaginalis snipped off with a pair of scissors. This method was employed by John Hunter, and is sometimes sufficient. Again, a seton may be employed.

The method of using the seton I will now shew you. Having drawn off the fluid, through the canula, I insert the trocar again, and push it up until its point emerges from the upper part of the scrotum. Then having withdrawn the trocar, I pass through the canula either a probe or long needle, armed with a ligature; this is drawn out at the upper orifice made by re-introduction of the trocar; I then remove the canula and make fast the ligature, which is allowed to remain until suppuration is established. Another operation is, to make an incision into the sac, and having introduced a grooved director, open the scrotum about an inch and a half; into the sac now pass long strips of lint, until the scrotum is packed full. Dr. Fisk, of Williamsburg, cured several cases by the injection into the sac, of ten or fifteen minims of the tincture of iodine with a hypodermic syringe, without drawing off the fluid. I have cured several cases by this method, it is not always successful upon the first application, and it may be necessary to repeat it. The injection treatment also fails sometimes; more often, perhaps, than is generally supposed, and especially in those obscure cases and difficult which surgeons now and again are called upon to treat; then recourse must be had to other methods. I would advise in old men, first, the

indicated remedy; if this fail, the hypodermic syringe, as the seton often sets up dangerous inflammation."

Case 2. Catherine Hohmann, aged 51 years, hermaphrodite.

Prof. H. This case, which is now presented before you, is one of no little interest, and has attracted the attention of some of the most scientific men of Europe and this country; that you may be sure that there is no humbug about it, I will read you an article signed by Prof. Recklinghausen, Köl liker and Scanzoni."

Hohmann has a urethra of female width and dilatibility, 3 centimetres in length. At the neck of the bladder there is not a trace of a prostate to be discovered. Somewhat towards the left side is the opening of the female genital canal which is 1.5 centimetres long. The urethra terminates by a fissure in the penis which is of a hypospadiac character, and is surrounded by a closed corpus cavernosum (bulbus urethra). The bulbo cavernosus muscle seems to be shaped somewhat like the constrictor cunni. The female genital canal will admit a good sized male catheter, but the operation is not always successful; this canal terminates towards the left of the urethra in a button-shaped expansion, the fundus uteri, from which towards the left wall of the pelvis, a cord, tuba, is given off. This terminates to the right of the rectum in a somewhat movable and cylindrical body several cubic centimetres large, sensitive to the touch, and is probably the left testicle. Whether this is really so or not, can only be determined by a *post mortem* examination.

If truly spontaneous regular loss of blood has occurred, ovulation may logically be inferred, but as I have neither from personal observation, nor from complete information, been able to establish the fact of these periodical bleedings, I think there is considerable doubt as to their spontaneous character, because if the said gland is an active ovary, Hohmann would be the first and only case of real lateral hermaphroditism in a human being.

Jena, December 1, 1867.

Prof. Dr. SCHULTZ.

The following is further testimony:

The person baptized by the name of Katherine Hohmann, in Mellrichstadt, presents one of the most interesting cases of hermaphroditism ever seen. The external genitals have generally a masculine type; on the right side a distinct testicle and scrotum, with a somewhat hypospadiac penis through which passes a urethral canal to the extent of $3\frac{1}{2}$ inches. In the left inguinal region a soft apparently nodulated glandular body, of which it is very questionable whether it be a second testicle or not. Downwards and backwards on the left side of the external genitals a body can be noticed, but it is of too soft a texture and too indistinctly marked to be a normal testicle. From the pubic arch above the root of the penis spring two

sinuous folds of integument, which pass behind the corona glandis to the hypospadiac frenulum, which has two gaps at its point of insertion.

The breasts of female type, are fully developed as well as the areolae, which latter are beset with hair—a distinct beard is present. Examination per anum did not enable us to recognize the rudimentary uterus. If it can be proved that the tumors on the left side be true testicles, then Hohmann presents one of the very unusual cases of so-called lateral hermaphroditism.

The fact that male and female functions are here presented in one individual, is of the greatest interest.

A fluid taken from this person and examined in 1863, by Dr. Vogt, contained a quantity of spermatozoa.

We, the undersigned, have many times recently observed the loss of blood from the urethra which continued for two days, and under the microscope gave every appearance of a menstrual fluid.

Prof. RECKLINGHAUSEN,
Dr. A. KÖLLIKER,
Dr. SCANZONI.

Würzburg, December 8, 1866.

Dr. H. A hermaphrodite is generally supposed to be a myth, but that there are cases where the organs of one sex are partly, and those of the opposite fully developed, there can be no doubt. My friend, Dr. Wetmore, had a very remarkable case of an individual who had a penis of three and a-half inches in length; a vagina of five inches; a vulva; and on one side a testicle and an ovary on the other; breasts like a woman, and voice like a man; and although we are not positive in saying that it had a true menstrual discharge, yet on two occasions there was a flow which to all appearances resembled the menstrual fluid. I reported a very interesting case in the *U. S. Journal of Homœopathy*, August 1860, at which time I was connected with the St. Louis Medical College, and the casts of which, *made post mortem*, are now in the museum of that college. In the case before you, which may at first appear insignificant, you will probably see as perfect a case of hermaphroditism as can be found; the development of the organs of both sexes is, with one exception, complete. The left side of the face resembles that of a female, the right that of a male, being larger and coarser. The beard is fully developed on both sides. She is now fifty-one years of age, and menstruated regularly until forty-five. When she menstruated there was a fluid exuded from the nipples. The breasts are quite well developed, but were larger before menstruation ceased. There is also a marked difference in the size of the lower limbs, the left resembling the leg of a woman, the right

that of a man. You will see here a partial development of the nymphæ; and also, that the glans penis is complete. This individual says that she has been married to a woman for a year and a-half, and, as it says, experiences pleasure during coition; has no children by this woman, but did impregnate a woman in Vienna, in 1873, who had a miscarriage at the third month. Previous to this, for fifteen years, it cohabited with a man, whom it calls "its beau;" both experienced pleasure during coition. To make the case still more perfect, I will read an extract from the *London Lancet* for August 22, 1874.

"A HERMAPHRODITE.—We had recently an opportunity of examining an individual, of German origin, who presents a rare example of this malformation. He is now fifty years of age, and has exhibited himself at several scientific centres of Germany, before such men as Kölliker, Recklinghausen, Schultz, and others. After a careful examination, a doubt is left on the mind as to the sex; and, from a description given below, it may be suspected that we have here a sample of true lateral hermaphroditism.

The breasts present all the characters of the female sex, so that the upper part of the trunk has quite a feminine appearance. The generative organs, on the other hand, constitute an apparatus composed of parts belonging to both sexes. It appears as if the right side belongs specially to the male (and it is to be noted that the right side of the face looks masculine as compared with the left). In the centre a rudimentary penis is observed, the glans of which is somewhat furrowed at its end. The urethra opens at the base of the penis forming a scrotal slit, this disposition giving rise to a variety of hypospadias. The prepuce is largely developed, very loose, and bound with a thick indented ridge, as is seen in the nymphæ. On the right side is seen the scrotum containing one testicle, whilst none exists on the left. The whole scrotum looks much like the labia majora, and when the finger is introduced between the two pendant halves and under the penis, it finds a cavity much resembling the vagina, though ending in a *cui de sac*. A female catheter, introduced into the meatus, and pushed horizontally (when the individual is standing), comes probably against a rudimentary uterus. When the catheter is directed upwards, it passes into the bladder. This individual regularly menstruated through the meatus urinarius up to the age of forty-four, so that it must be inferred that the ovaries are more than rudimentary. Doubts as to the reality of menstruation in this case were raised; but the testimony of Recklinghausen, Kölliker, and Scanzoni, who saw the function performed, is sufficient to settle the question. Hence we find, in the same being, the combination of the secreting organs belonging to both sexes. Spermatozoa have been found in the liquor seminis. The propensities of both sexes are thus observed in one being; and have, according to the individual's assertions, been satisfied.

The voice is more masculine than otherwise, and the chin presents some beard, which is regularly shaved. This hermaphrodite used to travel about Germany in women's clothes, and the descriptions written at the time refer to the phenomenon as Catherine Hohmann. Now, however, man's attire has been assumed, and seems altogether more suitable. Cases of true lateral hermaphroditism are extremely rare, and we have thus been led to dwell more particularly on the present case."

Case 3. James H., aged 52 years.

CARIES SUPERIOR MAXILLARY.

History of case: About five or six years ago this man was troubled with a decayed tooth which he neglected to have extracted; a short time elapsed when he contracted a severe cold, which settled in his face; he called a physician who applied poultices; he grew worse, ulcers formed on the gums and the roof of mouth, accompanied with constitutional symptoms, the latter gradually subsided, the discharge becoming more offensive. Two spiculae of bone have been cast off through the openings.

Prof. H. "There is a certain form of caries known as *acute*, which ends in acute necrosis; and both are analogous to the same destructive process in the soft parts. The upper jaw is very often the seat of this disease. In this case the ulceration involves nearly the entire superior maxillary bone, which is soft and spongy, allowing the probe to penetrate over an inch, easily. I will place this man under treatment for one week, and then operate. I will give *calc.-carb.*, 30th trit., a powder every four hours."

Case 4. Patrick B., aged 45 years.

FATTY TUMOR.

History of case: Has had a lump in the umbilical region for six weeks, has no pain, and has received no injury to his knowledge.

Prof. H. "Very often between the muscles of the abdomen we have sessile fatty tumors. They belong to adult life, and are rarely seen in children. Their growth is generally slow, but may sometimes be very rapid, and often seems to be provoked by slight causes. They are usually of little consequence, unless of large size. They have been known to attain a weight of thirty-seven, fifty and even seventy pounds. My advice to this man is, that as this does not trouble him any, to let it alone, and if at any time it should give him inconvenience, return to us and we will remove it."

Professor Helmuth being called away. Dr. Thompson took charge of the clinic.

Case 5. Andrew Kleek, aged 11 years.

DISLOCATION OF THE STERNAL END OF CLAVICLE.

This case was here November 6th, and had a bandage applied. Is doing well; the bandage was not removed.

Case 6. Kate M., aged 23 years.

CONTRACTED TENDONS.

History of case: Patient had small-pox last May, since then the flexor tendons of her right hand have been gradually contracting until she is now unable to open it. She is in delicate health, with some indications of tuberculosis.

Dr. T. "The only operation that is of any benefit in these cases is the subcutaneous division of the tendons. When this can be accomplished, before the parts have been long contracted and the joints become fixed, it is usually followed by a cure; as this case has been coming on only since last May, we may reasonably hope for success; but it will be better to postpone the operation until her general health is improved."

TALIPES EQUINUS.

Case 7. A. L. S., aged 9 years,

History of case: When about three years of age lost the use of his left leg, which lasted about six weeks; his physician said that he had paralysis. He then began slowly to improve, and after a short time was again able to walk. Tendo-achillis of left leg is now much shortened; sometimes has pain in ankle, but has none in knee or hip. The leg is much shorter and smaller than its fellow.

Dr. T. "The only and proper thing to do in this case is to perform tenotomy, or the subcutaneous division of the tendo-achillis; and this should have been done a long time since. You will notice how much longer the toes of this foot are, this is caused by his stepping upon them so much."

ARREST OF FŒTAL DEVELOPMENT.

BY R. HARRIS, M. D.

I WAS summoned on the 4th inst. to attend a lady in confinement. On arriving at the bed-side I found the patient had been experiencing pains at intervals during the previous forty-eight hours. I made an examination per vaginam, and found the os uteri soft and dilated, about an inch in diameter, the membranes protruding, and the head presenting. The os continued to dilate,

and the membranes ruptured with a profuse flow of liquor amnion. The head now passed rapidly through the pelvis, and soon the child was in the world.

But now a strange sight met my eyes. The whole of the abdominal viscera and the kidneys were entirely out of the abdominal cavity. The child, by its loud crying, gave unmistakable evidence of its vitality. I tied the cord, and separated the child from its mother. I now examined with more care this strange phenomenon, and found an aperture an inch and a-half in diameter reaching from the umbilicus nearly down to the crest of the pubes. Through this foramen the whole of the intestines, from the middle of the duodenum to the rectum, was suspended by the mesentery. The peritoneal sac did not cover the viscera, so that the finger passed directly into the abdominal cavity. After attending to the mother, I sent for a brother physician to see the case. He fully agreed with me that it was a most remarkable case of arrest of fœtal development. As the child was still alive, we tried to put the parts into their normal position. This, however, we failed to do, as there was not room in the abdominal cavity to receive them. Here then was a fœtus which had lived in utero till birth with the viscera outside of the abdomen. A bandage was lightly applied over the protruding parts, and in this condition the child lived twelve hours. After death I made a further examination, and found the lower part of the opening was formed by the bladder being stretched across from the arrested parities of the abdomen. The sexual parts were only partially developed, but sufficiently to prove that it was a female child. I have had the subject photographed, and shall be pleased to let the editors of the TIMES see it if they desire. I am happy to say that the mother, though suffering very much during gestation, has got along exceedingly well.

A PHYSICIAN in the Isle of Wight uses a homing pigeon to assist him in his labors. After visiting a village he writes a list of the prescriptions needed there, ties it to the leg of a pigeon, and lets it go home. His assistant at home is thus able to get the prescription, put up the medicine, and send it to its destination, while the physician proceeds to his next village.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

HAHNEMANN HOSPITAL.

IN the light of experience it is sometimes the part of wisdom to change plans which have been carefully matured, and to adopt a course entirely different from what was first proposed. The establishment of a hospital in this city, whose medical treatment would embrace what we consider the more enlightened and scientific therapeutics of the law of "*similia*," has long been a favorite idea, of not only many of our prominent medical men, but of hundreds of that great army of philanthropists in the city, whose hearts are ever open to the calls of suffering and the demands of charity. From two fairs, the most brilliant which have ever been held in this city, a large fund has been realized. Three hospital organizations, each working for a specific object, have wisely consolidated in one, under a single board of trustees. We understand this board of trustees are about commencing the erection of a hospital, to be called the Hahnemann Hospital, on the ten lots of ground in the region of Sixty-second street and Fourth avenue, donated by the city several years ago for this purpose.

Recently, the New York Hospital appointed a committee, of which Mr. James W. Beekman was chairman, "on a village of Cottage Hospi-

tals." To some of the facts contained in this exhaustive report we wish to call the attention of the trustees, and those by whose labors our hospital funds have been realized.

Careful statistics show that notwithstanding the great improvements made in the art of surgery during the past forty years, the average mortality in large hospitals remains unchanged, and that in small and separate hospitals the mortality diminishes with the size of the building. In the treatment of disease the same rate holds good; the nearer the condition of the patient approaches that of a member of a well-ordered household the better are the chances of recovery. The report of the Registrar General of Great Britain shows that in England and Wales, in 1861, there were eighty general hospitals, with a mortality of 72.88 per cent. Four of these hospitals contained 200 inmates and under 300, with a death-rate of 91.78 per cent. Twenty-two had 100 and under 200, with a mortality of 70.48 per cent. The forty-nine remaining general hospitals contained under 100 patients each, and returned a mortality of 47.08. The smaller the hospital the greater the number of patients cured.

Lefort having compiled the results of two millions of cases of parturition, one-half at the homes of the women, the other half in lying-in asylums, found that at home the deaths were 1 in 212; in hospitals, 1 in 32. The risk being about ten times as great in the best managed institutions as when a woman becomes a mother in the poorest habitation or garret. In the Peninsular war, Dr. Guthrie found that of 291 primary amputations performed in the field, only 1 in 12 died; of 551 secondary operations done in hospitals, 1 out of 2 perished.

Sir James Y. Simpson found that in the large English hospitals out of 2,089 operations, *forty-one* per cent. were fatal; out of the same number of cases in private practice, only *eleven* per cent. were fatal.

From the statistics of the New York Hospi-

tal, of the death-rate within the hospital during eighty years, and the carefully prepared record of the New York Dispensary, (the oldest institution of the kind in the city,) not only of the number of prescriptions given at the dispensary, but of the number of visits made at the houses of the patients, we learn that while in the hospital, with its great wards, its skillful physicians and army of nurses, ten out of a hundred died; of the poor treated in their own homes—if the wretched places in which some of them lived could be called homes—by dispensary physicians, the death-rate was only four per cent. In Bellevue Hospital, in 1872, the mortality after amputations was 48 per cent.

Gen. Sherman, in his *Military Lessons of the War*, says, "The tent is a better hospital than a house whose walls absorb fetid and poisonous emanations, and then give them back to the atmosphere." This assertion, we presume, many army surgeons will fully endorse.

Dr. Woodward, Supervising Surgeon to the Marine Hospital of the United States, in his annual report for 1873, quotes the case of wall poisoning, laid before the French Academy of Medicine in 1862, where an analysis of the plaster taken from a hospital wall gave 46 per cent. of organic matter, and says the best hospitals are small, detached, wooden buildings, which could be destroyed when necessary, and rebuilt at but slight expense.

In the upper part of the city are several large and expensive hospitals, beautiful and imposing as public buildings, but all constructed upon a similar plan, with brick, stone, and plastered walls, and large wards. On Fifty-ninth street and Ninth avenue is the Roosevelt Hospital, one of the most elegant hospital buildings in the city. On the east side of the city, in the immediate vicinity of which it is proposed to build the Hahnemann Hospital, are the Presbyterian Hospital, Mount Sinai, and German hospitals, capable of accommodating several hundred patients, and none of them full. Is it worth while

to add one more to these costly failures, or shall we do something better?

Dr. MacLeod, of Glasgow, in 1869, predicted that the future hospital would consist of small buildings, placed among fields and gardens, and having all the aids to recovery which amusement, flowers and music could produce. Sir James Y. Simpson recommended at Belfast, in 1867, that hospitals should be changed from wards into rooms, from stately mansions into simple cottages, from stone and marble palaces into wooden, brick, or iron villages.

Our school claims to be a school of progress. Let it be the first then to break away from these old errors in hospital construction and management which have been perpetuated from one generation to another, in spite of practical experience and the revelations of science. Give us a hospital which in its construction and management, in the light of past experience, will best contribute to the comfort and cure of the sick, and you will be indeed public benefactors, and your hospital cannot fail of becoming a complete success. This can easily be done by obtaining a small quantity of land, healthily located on some navigable water near the city, and erect here a small village of cottages, open on all sides to the light and warmth of the sun, and where the fresh, pure air can sweep through their rooms uncontaminated by fever breath and poison germs of crowded wards. Surround the cottages with gardens, and plant the walks with trees, and you would have instead of a great hospital, magnificent in its imposing architecture, a little paradise filled with homes; the air fresh and pure and fragrant with the breath of flowers, wooing the sick by the beauty of the surroundings to health. Each cottage should have its independent sewerage so constructed that the poison germs could not pass from one to the other. A detached building could be devoted to cooking and laundry work, and a single boiler could in cold weather furnish the necessary heat to all the buildings.

Diseases could be classified, and so isolated from each other in the different pavilions, that with careful regulations for the nurses, there would be but little danger of the poison spreading beyond its pavilion. Contrast a hospital like this, a hospital made up of homes, where the convalescents could sit by open windows or rest under the shade of the trees, with the wards of our city hospitals. The expense of construction would be comparatively light, and the pavilions could be pulled down or rebuilt at a trifling outlay, thus obviating all danger from the absorption of disease poison in the walls. The cost of support of each person would be but little if any more, taking into consideration the original outlay, than under the old system; while the difference in mortality would be almost beyond comparison.

If we build a hospital let us get rid of as many old errors as possible, and make it fully up to the times. To a hospital like this there would be no lack of contributions. They would flow in freely without any of that costly machinery for raising funds, of which we have seen so much in years past.

WATERING-PLACE DOCTORS.

THERE are, at the present writing, very many professional men absent from the city. They are said to be taking their vacation, by which term is generally understood, a rest from their labors—a rest which from change of scene and diet, and the absence of work, will fit them for the more arduous labors of the winter. That this is true of many there can be no doubt; but from the perusal of the medical periodicals, and our own personal knowledge, we fear that there are many more who, frequent especially the fashionable watering-places, having business in one eye and pleasure in the other, and who endeavor, not only to make the former pay for the latter, but by a system of over-charging, finish the season with a good balance on the right side of their bank book. There are some, and those

even "of standing in the profession," who, as regularly as the summer hotels put on their fresh paint, fit themselves out for *their* summer campaign. They polish their instruments, they fill their medicine cases, and procure a large supply of prescription blanks; if possible, they "*make an engagement*" with landlords, by which, in certain hotels, their names may be hung in conspicuous places; they provide themselves with cards, which may be handed around either in the parlor or the reading-room, and indeed, some even go so far, as to bring in their wives and daughters to assist them in this TRADE. Nothing can be more unprofessional than such conduct; nothing can bring more degradation upon the profession, and there is nothing that is so readily seen through by the public as this shallow trickery. We do not wish to be misunderstood in this matter; a medical gentleman residing at a large hotel may be called upon at any moment, either by his own clients or by strangers, for advice and for medicine; and need we add, that to those physicians who seek rest and health and absence from care, such calls are often both irksome and disagreeable. What we wish to speak of especially, and to deprecate in the strongest terms, is the *systematic preparation* which is made to obtain patients. The *unprofessional method* of soliciting patronage. The *system of overcharging*, which is often outrageous, and above all, the *injustice which is frequently done to the resident physicians of the locality*. In a late number of the *Medical Record* appeared a most sensible letter, written evidently by a man of brains and culture, who is a resident of one of the great summer resorts. Therein he states frankly enough, that physicians who reside all through the year in those localities, which during the summer months are frequented by persons who are fleeing from the heat and dust and turmoil of the city, naturally expect during those months to receive a portion of the patronage of the season, and the writer complains bitterly of those of his profession

"who in high standing," would monopolize the entire practice of the place; because, coming from the larger centers of civilization, they are supposed by some to be more advanced in medical learning and experience than their rural neighbors. This latter supposition may be sometimes true; but it is an acknowledged fact, that men who have practiced for years in one locality are generally more conversant with the disorders prevalent to that section, than a stranger, be he ever so well versed in science or read up in the majority of medical questions. We have known a gentleman to be attended for weeks by a very well known medical man from the city, without benefit, to be cured in a few days by the local practitioner, who was experienced in the endemic disorders of his section.

Nothing need be said regarding the method of "shingling" a hotel office or parlor, or of advertising in the local newspapers, or indeed of sending a professional card to an invalid under the charge of another physician. Such practices are beneath notice. With reference to the practice of over-charging, of which we had intended to say a few strong words, we must beg our readers to peruse a letter from a correspondent, which comes at an opportune moment.

The letter is written by a prominent gentleman, who has been residing at a fashionable watering-place, and will give a most excellent idea of *how* well this trickery is understood.

POWDER TO PREVENT PITTING AFTER VARIOLA.—Dr. Pennavaria, of Ragussa, has succeeded in preventing pitting in several cases of variola, by the use of a powder composed of four parts of flower of sulphur and one part of red precipitate. He was led to use it by the success he had had with it in eczema and acue. A thin layer of glycerine is first spread over the pustules as they have reached the period of suppuration, and the powder is dusted over it. The glycerine secures the adhesion of the powder, which causes dessication and the formation of a crust, and when this falls the skin is exempt from cicatrices.

Correspondence.

My dear Esculape.

You know I am not a disputatious man. You know I would surrender an inch of my rights to retain eleven inches of peace. You know I appreciate educated talent, and am able and willing to pay for it when applied to my corporeal defects, but Wagner is trying to reform music; Hayes and Tilden are trying to reform FINANCE and THINGS; Terry and Crook are trying to reform the resting Taurus; and now let you and I, in a laymanish and deaconish way, undertake to reform physicians' bills at watering places. To begin with:

I have made the following charges, which at all events are no greater than many of theirs, to wit: that when some doctors go to summer resorts with their families,

First. They put every member of them on the scent for ailing anatomies. This is usually done with such social delights that you feel you owe them thanks, but not your estate. These being found:

Second. They all cultivate the rich who abide in their own home vicinage, and who can afford to pay, and *may*, CAN, and SHALL pay; or:

Third. They physic the persons and purses of strangers with equal catharticity, or:

Fourth. Do both.

Am I not right?

Now I want you to wield your amputator, cut, carve and poison until you give society and your profession mutual prescriptions that will cure this cancerous nuisance.

What right has Dr. Senna to back me into a corner, with a morning grip like gladness; ask me how I am feeling—as I suppose, in a social way—and when I say "I am not first-rate," hurry to a table, prescribe *manna* and *aqua*, and shortly thereafter send me an engraved insult for twenty dollars, simply because I have got it, as shown by the mercantile agencies, or the social Vidocqs, or because he attends old Moneygrain's family? Say? can you see??

To return to our subject.

What right has Professor Belladonna to come to my room on a social visit, bring the conversation around to ailments, develop Mrs. Umbler's weakness of health, sympathize, get her to ask questions, send up something he "happens to

have in his room," and shortly thereafter, something else he happens (quite by the same deliberate chance) to also have in his room, to wit: a bill for which I remit (not admit) a bill.

And so on, through the infinity of happening circumstances and opportunities, which open wide spaces in summer life, and into which Belladonna and Senna jump like harlequin into the pantomime mirror.

It is all wrong. There are fixed prices for clothes, tea, stocks, houses, lands, etc., in all of which principals have as much money, time and brains invested as in your profession. There are worthy exceptions or rules (they are so evenly balanced I don't know which should come first,) but whichever is who, (and you know the proportions better than I do,) are degrading the profession into mere salary grabbers; they are leeches upon the tempers and pockets of pleasure; and as for me, give me moderation or give me health. Sound your loud timbrel o'er Physician's dark sea—and give them a cauterization.

Yours for honest finance,

G. R. UMBLER.

LOCAL APPLICATIONS.

To the Editors of the Homœopathic Times.

GENTLEMEN—In response to your very fair and liberal editorial in the July number of THE TIMES, upon "Local Applications," I ask you to give place to the following, which I trust will be regarded both by you and the profession as equally fair and liberal with your article.

What we all want, and what those want who look to us for relief, is the truth and the whole truth. No one can really desire to be relieved to-day at the expense of worse sufferings or fatal conditions arising to-morrow, next month, or next year. And we all want all the liberty and breadth of thought and action that nature will permit, but no more, for she is a strict master, and will surely call to account any and every violation of her laws.

A violation of the law of gravity will be followed by its adequate penalty, that is, a penalty exactly proportioned, other things being equal, to the violation done. There is no escaping this. And this law covers and reaches every physical thing, not alone of this world, but of the entire universe; and its infraction, whether by a planet, a wandering comet, or a human being, will be punished.

Nature is everywhere governed by laws, that is, each department is governed by its specific law just the same as everything physical is by gravity. Any and all departments would be in

chaos at once were this not the fact. And, of course, a violation of the law governing any other department must be followed by an adequate punishment, just as with the law of gravity.

Now we will consider these points in connection with the local treatment of disease. There is a law governing here, just the same as in all things else. This is the law of *metastasis*, and its violation will just as surely bring the penalty. It dictates that every disease that is treated locally and cured thereby, in other words *suppressed*, shall seat upon the same, or nearest similar class of tissues, in another, and what is almost always a more vital part of the system, and there set up its work of disorganization and death. I know this is speaking positively, many will say too positively, but from my stand-point it is not. I have seen the fact *proved* over and over again in every conceivable form for twenty years. I have just returned from a six months' tour of California, and there met with the same fact in so many invalids whose cases were abandoned by physicians, and sent there with a hope of benefit from change of climate, but too often to die, as the result proved, that I was aroused as never before upon this subject.

All that is necessary for any physician to convince himself in this matter, is to enter into a candid and systematic inquiry of every chronic case submitted to him, as to all the details of preceding sufferings and diseases, and he will find the facts. He will find that many lung cases, bronchitis, tuberculosis, etc., in females, for instance, have followed immediately, or within a year or two after the suppression by local treatment, of leucorrhœa or other diseases of the female organs of generation. And if he treats that case and cures it, with the proper homœopathic remedy, he will find the female diseases return and be just as they were before their suppression.

All know that the eruption of small-pox, scarlet fever and measles cannot be suppressed without certain death to the patient, if it is not soon restored to the skin; and every educated physician knows that the eruption of these diseases settles upon some one or more of the mucous membranes, when it strikes internally, and from there develops its work of death. This is the key that unlocks and opens to our fullest scrutiny this whole subject, and proves the law, while at the same time showing us the terrible penalty of its transgression. But, say you, bad results do not always follow the cure of all diseases by local treatment; with which I will agree if you will say "do not always *immediately* follow," but can go no farther. The eruptive diseases just cited, and their suppression, prove the law, as already stated, and if that and the penalty for its infraction both exist in one instance in this department, they must both exist

throughout the whole department, just as does the law of gravity and the punishment for its breach, in its sphere. There can be no exceptions in the one case more than the other. There are no exceptions in the actions of laws and their penalties, throughout all nature.

If more were necessary I might cite you to inflammatory rheumatism, and the results of its suppression. Here the disease first seizes upon the serous membrane of the joints, and if suppressed, generally strikes to the serous membrane of the heart, where it either very soon kills, or develops organic changes in that vital structure from which the victims so frequently fall dead in the streets, or in other instances, *die* only at the end of a terrible scene of suffering. I have seen this in a great many instances, and have also seen cases where the disease would strike to the peritoneum, or the membranes of the brain, and there kill. In all these instances it is the law of metastasis that governs the result, and keeps the disease continuously acting upon the same class of membranes, namely, the serous, and when driven to that of the vital organs, must there certainly develop changes that will sooner or later take life, if a truly curative action is not speedily established. It is the same with the glandular system, with the nervous system, etc. All come under the same law, and visit equally severe penalties upon its transgression.

In chronic diseases, the disease itself acts very much slower, often being years in accomplishing what, in acute cases, will be brought about in a few days, and the results will frequently be equally slow in manifesting themselves, from the fact that the slower nature of the disease allows so much more time for the system to accommodate itself to the gradual changes wrought, but the time gained is frequently at the expense of equally prolonged suffering, and death at the end. Sometimes, as is well known, death results as quickly, or nearly so, from the suppression of chronic as from acute diseases.

In regard to the special class of diseases you speak of in your editorial, namely, female diseases, I have further to say I have seen in a great number of cases, throat and lung diseases manifest themselves, sometimes immediately, in a few months, or a year, and sometimes not until several years after the suppression by local treatment, of the female disease, whatever that might have been. But sooner or later a serious result comes, and in those cases where not so far advanced that they could not be reached, the cure of the lungs has been almost always followed by the return of the female disease, just as it was before the suppression. Not unfrequently the suppressed disease, if it is of the mucous membrane of the vagina or uterus, strikes to the mucous membrane of some other organ than the throat or lungs, and leaves these free, and the cure in such cases throws it back

again to the genital organs, just as in the other instances. At the end of one year, or thereabouts, is a favorable time for the suppressed disease to manifest itself in the more vital part; though this is by no means uniform, as such result may come almost at once, or not in several years, as already stated.

In regard to exclusively internal or constitutional treatment of such cases, this remains to be said, namely, just as bad, and I think it no exaggeration to say, much more severe cases are cured by that means than by local applications, and without subsequent risks as with the latter.

Dr. Skinner must have had great experience in the topical treatment of these diseases, and, after testing the strictly homœopathic method, he, now, no less than Dr. H. N. Guernsey, and other able observers and writers, unhesitatingly proclaim the superiority of constitutional treatment. Then why not depend upon it always? The greater certainly contains the less in this as in other things. How much sooner, too, would we, in that way, bring out all the specific indications for our remedies in these diseases, and so clearly, that no practitioner would be longer in doubt. Again, all that risk to the patient (which is by no means slight,) would be avoided of exciting by local treatment with harsh agents, irritations that too often lead to chronic inflammation and ulceration, or inflammations that are liable to develop into cancer or other malignant action.

Now, please understand that this is not talking for a mere passing effect, or to sustain any thing. It is simply and only the truth as I have many times seen it, or as near to that as I can select language to present the facts. I could give you a list of hundreds of cases of all classes of disease, upon all classes of tissues, where all that is claimed in the foregoing is proved again and *again* and *AGAIN*, did time and space permit, but they do not, and I must close after calling your attention, in short, to one or two other important points.

You well know that all the most terrible diseases with which humanity is afflicted, as insanity, suicides, idiocy, epilepsy, apoplexy, paralysis, cancer, tumors, etc., etc., are on the increase, some of them rapidly so; while consumption is fully holding its own, and this in spite of the medical profession, and all the boasted improvements, sanitary and otherwise, of this nineteenth century. Now, why is this? There must be some answer to so important a question; and I say it is explained in the almost universal suppression of the milder forms of disease.

A young lady suffers from "cold sores" upon the lips, applies glycerine, cold cream, camphorice, or lip salves, until the direct applications or the reactions from them, so stimulate and strengthen the tissues, that they resist colds settling upon them, and then they settle in the

throat. Here the local treatment is again vigorously pursued by means of gargles, cauterizations, cold wet bandages externally applied, etc.; until these parts in turn are strengthened against colds settling there, and then you will see them settling upon the lungs, producing bronchitis, pneumonia, and not unfrequently consumption itself, as the result. This is no fancy sketch. Many and many have been the beautiful lives prematurely and unnecessarily sacrificed in this way. I have seen it many times, and many times have I seen, in cases yet within reach, the order reversed under the curative action of medicines, when the lungs would be first relieved and strengthened, so that subsequent colds would settle in the throat, and when this was brought up in its vitality, still by internal or constitutional treatment, then the colds would spend their force upon the lips, in blisters, etc., as was the case at first.

Such, then, is the simplicity of this subject, and it is so simple, and the world so ready to take common sense views of things, that all intelligent people could soon be taught the law and the penalty for its infringement, if physicians of our school would only unite and instruct them in it. Then there would be no complaint of patients running off to specialists, who care nothing for final results, but are simply after the large fees.

It is both the privilege and the duty of homœopathy and homœopathic physicians to step in and do this great work for mankind. *Sooner or later it has got to be done, then why not now?* It concerns us individually, and our families, in retaining health and life, just as much as it does our patients.

Hoping you will be able to find space for this soon, and trusting you will attribute to intense conviction from overwhelming proof, what may perhaps appear to many like too great positiveness of speech.

I remain, very respectfully yours,

R. R. GREGG, M. D.

BUFFALO, N. Y., July 25th, 1876.

The Archives of Clinical Surgery, is the title of a New York monthly, edited by Edward J. Bermingham, M.D., of this city. It is published on the 15th of each month. The first and second numbers, which are before us, are full of interesting reading.

THE NEW YORK OPHTHALMIC HOSPITAL.—Report for month ending July 31st. Number of prescriptions, 2,024; number of new patients, 259; patients resident in the hospital, 25; average daily attendance, 81; largest daily attendance, 123.

Reports of Societies.

ONONDAGA HOMŒOPATHIC MEDICAL SOCIETY, HELD IN SYRACUSE, N. Y.

JULY MEETING.

(Reported by H. V. Miller, M. D., Secretary.)

THE subject for discussion at this meeting was Kali-Bichromicum and Kali-Carbonicum.

Practical papers were presented by Drs. Hawley, F. Bigelow, Squier, Richards and Miller.

The following paper, by W. A. Hawley, M. D., was then read:

COMPARISON OF KALI-BICHROM. AND KALI-CARB.

"The pains of *kali-carb.* are shooting and stitching. Those of *kali-bich.* are as if the parts had been bruised. In both they are described as tearing and drawing. *Kali-carb.* has dread of the open air and a draught. *Kali-bich.* has aggravation from hot weather.

He had found *kali-carb.* very effective in cases of headache aggravated by carriage-riding. Also when the hair becomes dry and falls out.

With *kali-bich.* he had cured syphilitic ulcers in the throat.

Gastric symptoms. Both have nausea and vomiting. The *carb.* has heart-burn and some eructations, while the *bichrom.* has vomiting of ingesta an hour or two after eating, as sweet as when eaten. It has distress in stomach after every kind of food, even the lightest, and it has ailments from using tea.

The *carb.* has cardialgia, with stitches in the pit of the stomach arresting the breathing. He had often cured this symptom with this remedy.

The nausea of *kali-bich.* is early in the morning and at night. Or, nausea before breakfast and after tea. After drinking tea, vomiting of cold water. Water disagrees and is rejected. It seems to lodge under the sternum.

Both have fullness and repletion after eating. With the *carb.* this fullness is attended with cardialgia.

Both have constipation; but, that of the *bichrom.* is attended with aggravation of all the symptoms.

The *carb.* has itching of the anus, and stinging, bleeding varices.

Both have hoarseness, and that of the *carb.* amounts to aphonia.

Both have cough, with tickling in the throat.

The *kali-carb.* cough is at night. The *kali-bichrom.* cough is relieved at night and on lying down, and its expectoration is tough and ropy, as are its excretions generally from the mucous membranes.

Kali-carb. is said to cure goitre.

Kali-bich. is said to have false membranes in the throat, and it is recommended in croup; but in his hands it had always failed to cure this disease.

Case of vomiting during pregnancy. *Kali-bichrom.*, 200.

He reported a case of severe and protracted vomiting during pregnancy, continuing unabated thirty days, in spite of allopathic treatment, cured by one dose of this remedy. Patient vomited ropy mucus."

The following paper, by Frank Bigelow, M.D., was then read:

KALI-BICHROM. AND KALI-CARB.

"He had not extensively used these remedies.

He had used *kali-bich.* mainly in cases of croup accompanying or following diphtheria, (diphtheritic laryngitis). Also, in true croup, with great hoarseness and difficulty of breathing, and expectoration of mucus and blood and croupy deposit. He considered it of the greatest importance in dangerous croup. He had not used this remedy above the third trituration.

He had found *kali-carb.* very important in some cases of gout, rheumatism, dysmenorrhœa and tuberculous phthisis. It is well indicated in rheumatic pains, with great stiffness in the lumbar region and between the scapulæ. The pains in the small of the back are accompanied by labor-like pains in the abdomen. All the symptoms are worse from two to three A.M. He lately gave it with good results in a case of severe rheumatic arthritis of the ankles and feet, with severe burning and lancinating pains and great swelling. The patient was 74 years old, a high liver, and very plethoric. By fasting and taking *kali-carb.*, he was relieved.

In phthisis he had found it useful for the severe cough, excited by a tickling in the larynx and dry cough, followed by purulent expectoration.

And he had found it the remedy when the menses were too early or too scanty, with bearing down sensation, especially in case of young girls.

Kali-carb. cases are easily alarmed about the state of their health, with sadness and tears, and

fear of not being cured (*acon. ars.*); and there is changeableness from mildness to passion and rage.

He had used this remedy from the 3d to the 30th dilution.

Study of *Kali-Bichromicum* and *Kali-Carbonicum*, by H. V. Miller, M.D.

KALI BICHROMICUM.

Kali-bich. is a very important remedy in the treatment of catarrhal affections of the air passages, and generally of the mucous membranes. But of course its characteristic indications must not be overlooked. It is often indispensable in the most malignant forms of croup and diphtheria. It is also valuable in some forms of headache, dyspepsia, constipation, dysentery and leucorrhœa. It is curative in left supra-orbital neuralgia, induced by gastric derangement, and in left sciatica, when the pain extends from the great trochanter to the calf of the leg, and the tendons of the calf feel stretched, causing lameness. Also in periodical attacks of semi-lateral headache, affecting small spots that could be covered by the point of the finger. Analogously in bilious derangement it cures dull pain in right hypochondrium, especially affecting small spots.

It is a great remedy for rheumatism, alternating with various complaints, as catarrhal, gastric and pulmonary affections, and for diseases occurring periodically in warm or hot weather, as catarrh, dysentery, prolapsus uteri, and cutaneous eruptions.

It is suitable especially for fat, light-haired persons.

It has a specific action upon the mucous membranes; upon the skin; fibrous tissue about the joints, the glands including the parotid and submaxillary, the liver and kidneys and the fifth pair of nerves.

1. Catarrhal affections of the mucous membranes:

In *kali-bichromicum* the discharge from the mucous membranes are generally tough, ropy and yellowish, except those from the anterior nares, which are acrid and watery, tough, greenish masses, or hard, elastic plugs. In the anterior nares there are pressure at the root of the nose and loss of smell, or a bad smell before the nose. Through the posterior nares there is a thick, yellow discharge.

Mouth. The tongue is flat, broad, with raised, scalloped edges. It is red, raw and shining,

or dry, smooth, red and cracked as in dysentery. The saliva is viscid, saltish in taste.

Fauces, throat and larynx. The throat is full of mucus that cannot be hawked up (on account of adhesiveness.) In *kali-carb.* there is hawking of mucus. *Kali-bich.* has inflammation of the fauces and bronchi. Its catarrhs are worse in warm weather, and they may alternate with rheumatism.

Diphtheria extending to throat and bronchi, and into the nasal passages; tough, stringy discharge from nares and throat; croupy cough; yellowish, diphtheritic deposits; much ulceration; mucus streaked with blood.

Membranous croup with hoarseness and inflamed fauces. In breathing, the air sounds as if passing through a metallic tube. It comes on insidiously. Worse early in the morning.

Fat, light-haired children.

In croup or diphtheria, this remedy will be indicated when there are deep-eating ulcers in the throat; swelling of the parotid glands; measles-like eruption; red, raw and shining tongue;—patients fat and light-haired—and tough, stringy discharge from nares and throat, (bromine is curative in desperate cases, when on coughing there is a rattling of mucus in the larynx.)

Stomach. After eating the food lies heavy in the stomach like a heavy weight.

Also pressure and heaviness in the stomach immediately after eating, (bismuthum nitr. is very similar, having pressure in stomach immediately after eating).

Nausea in the morning.

The gastric symptoms may alternate with rheumatism.

Stools. Constipation periodical, every three months. Constipation, with painful retraction of the anus. Also with debility, headache, furred tongue and coldness of the extremities. Dysentery, stools bloody, slate-colored, brownish, frothy water, bloody, with gnawing pain about the umbilicus; violent tenesmus; tongue dry, smooth, red, cracked; jelly-like stool, hurries out of bed. Aggravation in warm weather. Dysentery periodical, every year, in the early part of summer.

Genitals. Prolapsus uteri induced by hot weather.

Leucorrhœa yellow, ropy.

Bronchi, bronchitis, croup, diphtheria and hooping-cough, with tough, ropy discharge.

Morning cough, with viscid expectoration.

Sensation of ulceration in the larynx.

Accumulation of mucus in the larynx, causing hawking.

Hoarse, rough voice. Hoarseness in the evening. Cough, with hoarseness and tickling in the larynx, excited by every inhalation. Cough from the least morsel of food or drink. The pulmonary symptoms alternate with the rheumatism.

2. *Neuralgia.* Headache periodical, in the morning, (many remedies). Periodical attacks of semilateral headache, affecting small spots, that could be covered by the point of the finger.

Violent headache, preceded by blindness or dimness of sight, (paralysis of the optic nerve precedes the headache or hyperæsthesia of the sensory portion of the fifth pair).

Sciatica. Left nerve, pain from behind great trochanter, extends to calf of leg. The tendons of the calf feel stretched, causing lameness.

3. *Rheumatism alternates with catarrhal, pulmonary or gastric symptoms.* The pains are fugitive. They rapidly change location. They affect the joints of the upper and lower extremities, except the feet and ankles.

4. *Skin.* Dry, measles-like eruption all over the body, (*pulsatilla aconite*).

Eruption periodical; it begins in hot weather.

Loss of substance. Dry, oval ulcers, with overhanging edges and black crust. Ulcers grow deeper, (*silicia aconite*, with irregular edges. *Arsenicum*, ulcers constantly extend in breadth. *Mercurius*, ulcers very superficial and widespread).

Swelling of cervical and parotid glands, (*kali-carb.*, swelling and induration of glands after contusions.

5. *Constitution.* Suitable for fat, light-haired persons.

6. *Periodicity.* Headache, diphtheria, cough and nausea worse in the morning

Constipation once in three months.

Catarrh and dysentery worse in warm weather.

Dysentery every year in the early part of summer.

Prolapsus uteri induced by warm weather.

The eruption begins in hot weather.

Climacteric facial flushes of heat.

7. *Verifications.* Syphilitic ulceration of soft palate. *Kali-bich.* 8th. The soft palate looked as if it had been punched through with a round punch.

Headache. Kali-bichrom., 200th.

1874. An old lady had for many years been subject to frequent attacks of severe nervous headache, for which medication seldom gave her much relief. The headache was always preceded by blindness, which gradually diminished as the headache increased. This remedy gave speedy relief of every attack, and gradually the return became less frequent, until in a few months she scarcely had any more headache.

Gastric Derangement. Kali-bich., 30th.

1876. The same patient has recently suffered from severe paroxysms of gastric derangement, with nausea, bilious vomiting and distress in the stomach, which were not relieved by *arsenicum*, *ipecac.*, *pulsatilla*, etc. Finally, recalling her peculiar headaches, I found on inquiry that her gastric symptoms uniformly alternated with rheumatic pain and lameness in her neck and right shoulder. The same remedy relieved the gastric and rheumatic symptoms as satisfactorily as it had previously cured the headache.

Catarrh of mucous membranes. Kali-bichrom., 200th.

I have frequently cured nasal catarrh, and sometimes bronchitis and leucorrhœa with this remedy. The discharge was generally yellowish and ropy, but I think it was sometimes whitish. With the 30th and 200th I have palliated a hopeless case of phthisis; cough, with whitish, ropy expectoration, whereas the 3d rendered the cough tighter.

Bilious, nervous headache. Bryonia, 1st, 6th, 200th.

Dr. E. B. S. has for ten years been subject to frequent attacks of severe headache, located in forehead and eyeballs. The pains extended from eyeballs back to occiput. Face sallow; sclerotics yellowish; tongue coated yellowish; urine dark and scanty; constipation; tenderness in region of liver on pressure; on turning the eyes, pain in recti muscles; headache worse from motion; desire to keep quiet; *wavering* of sight precedes the headache, and disappears when the headache begins; eyes and hair black, complexion dark; disposition rather irritable; temperament dry and meagre. *Kali-bichrom.* did no good; *bryonia* speedily relieved. Dilutions at different times, 1st, 6th and 200th.

Dyspepsia. Bismuthum nitric., 200

Patient, an old man of light hair and complexion, and blue eyes, complained of chronic

dyspepsia, with sensation of pressure in stomach, especially after a meal. (*Kali-bich.* has a similar symptom).

KALI-CARBONICUM.

Like aconite and byronia, *kali-carb.* has a marked affinity for the pleurae and all the serous membranes. It also affects the mucous membranes, especially of the air passages, but not in so prominent a manner as *kali-bichrom.* By its action upon the kidneys it is important in dropsical affections. It produces great nervous and muscular debility and prostration, and it is curative in paralysis, especially of old people. By its action upon the lymphatics it produces and cures swelling and induration of the cervical and submaxillary glands, hence its great value in serofulous affections. And it is distinguished as almost the only remedy in the whole materia medica that in the hands of Hahnemann ever cured ulcerative pulmonary phthisis. Hughes suggests that this remedy may be curative in pneumonic phthisis, but not in tuberculosis. The same author states that "our best hope of future success in consumption lies in our knowing better how to use iodine for it." Among its most prominent indications in disease are stitching pains in chest and abdomen, some forms of backache as a complication and general aggravation of pains and complaints at about 3 A.M. This salt is one of the constituents of the human organism. Therapeutically, it is suited especially for affections of old people and of fat, flabby women.

It acts specifically upon the mucous and serous membranes; upon the cerebro-spinal nervous system, and upon the glandular system, particularly including the cervical and submaxillary, the liver, the kidneys and ovaries.

1. *Pains.* The pains are described as *stitching*, cutting, stinging, severe, crampy, like a weight, etc. But *stitches* are the most important, and they usually originate in the serous membranes, though often in various parts of the body, and in muscular or other tissues. *Kali-carb.* is indicated in various complaints characterized by stitching pains, *c. g.*

Flatulent colic, with stitching pains in the abdomen.

Violent stitching labor-pains.

Stitches in liver, kidneys and milk-breasts.

Stitches worse in lower part of right lung.

Stitches in sternum and right side of chest,

extending through to the back when inspiring.

Pleurisy when the violent stitching pain does not yield to *bryonia*, especially on the left side, with violent palpitation of the heart; dry cough, worse at 3 A.M.

Tuberculosis. Stitches in different parts of the body; cough worse about 3 A.M.; purulent sputa; hæmoptysis; easily frightened; nursing mothers.

Carditis with stitching pains; *blowing noise* in place of first tick and a louder second tick. Cold sensation about the heart. *Kali-bich.* Crampy pain in cardiac region. Organic disease of the heart.

Sharp, cutting pains across lumbar region.

Sting pains in muscles, joints and inner parts.

Backache is a characteristic in various complaints, as in certain cases of sore throat, dyspepsia, labor-pains, genital affections, constipation, spasms, erysipelas and tuberculosis. This pain is seated in the small of the back, and is generally heavy like a weight.

Dyspepsia, with pain in back and legs after eating. Labor-like pains or colic, with pain in back. Severe labor-pains in the small of the back, passing down the glutei muscles. Violent labor-pains, extending from small of back to the uterus.

Sequelæ of abortion and confinement. Backache, night-sweats, dry cough, emaciation or menorrhagia. Pain in small of back, worse after standing or walking. Pain in small of back, with labor-like pains in abdomen. *Lumbago* worse 3 A.M., with pains extending down glutei muscles; jerks the limb if the foot is touched. *Leucorrhœa* acrid, corrosive, yellowish, burning with pain in small of back; labor-like pains.

Menstrual pain in small of back, like a weight. Menses acrid (like the leucorrhœa). Stiffness in nape of neck and dorsal region, either between the scapulæ or in the small of the back. *Rheumatism*, with backache and lassitude. Always much distress in abdomen an hour before stool.

Crampy pains in cardiac region.

Weak, irregular action of the heart with crampy pains and a faint empty feeling in the left chest.

Anæsthesia. Numbness of arms after exercise; limbs go to sleep, even after a meal; faint, weak after a walk, (from muscular paresis).

2. Dropsical affections: Sacs over upper eyelids.

Ascites.

Kidneys. Frequent micturition with discharge of small quantities of fiery urine.

Morbus brightii with dropsy of one foot and œdematous sacs over each upper eyelid; urine blackish; cause, getting wet.

Hydrothorax.

Swelling of feet up to ankles (*apis*, œdema of feet and genitals). Dropsical affections and paralysis of old persons; œdema of limbs, livid face and puffy eyelids, inability to perspire, dryness of the skin.

3. *Catarrhal affections*. Fauces, hawking of mucus; (*kali-bich.*, throat full of mucus, but cannot hawk it up). Tenacious mucus in posterior part of pharynx early in the morning (*kali-bich.* posterior part of pharynx dark red). Dryness of posterior part of throat. *Leucorrhœa* acrid, corrosive, yellowish, burning, with pain in the small of the back, labor-like pain.

Larynx and Chest. Cough worse from 3 to 4 A.M.; cough spasmodic, from tickling in the throat and larynx, loose during the day, but the expectoration has to be swallowed from muscular weakness.

Whooping cough, with sacs above the upper eyelids. Arrest of breathing awakens him at night.

Sambucus. Suffocation attacks when waking after midnight out of a slumber, with half open eyes and mouth, bloated blue hands and face, and heat without thirst.

4. *Scrofula*. Swelling and induration of glands after contusions (*conium*); swelling of the cervical glands, hard swelling of the submaxillary gland; *kali-bich.*, swelling of the parotid and submaxillary.

5. *Debility*. Prostration nervous and muscular; great tendency to start when touched; headache from riding in a carriage, etc., (*cocculus*). Optic nerve, amblyopia.

Dyspepsia. Sourness in stomach before eating, and fullness after eating; long-lasting gastric weakness, with empty feeling. *Dyspepsia*, with pains in back and legs after eating; flatulence, biliousness. Constipation from inactivity of rectum; stools of too large size, varices protrude during stool and micturition.

Sexual organs. Male.—Weakness of the genital functions. After an embrace, weakness of the eyes and great physical prostration.

Heart. Weak, irregular action of the heart, with crampy pains, and a faint, empty feeling in

left chest. Dropsical affections and paralysis of old people, with œdema of limbs and upper eyelids, and livid face; *apis*, œdema all around the eye. Affections of old people, and fat and flabby women.

6. *Periodicity.* General aggravation of complaints at about 3 o'clock A.M., and when at rest. Better during the day and when exercising.

(To be concluded in next number.)

Medical Items and News.

THE ORIGIN OF EVIL.—How often are most important truths brought to light from sources the least expected. For ages the scientists, philosophers and theologians have been seeking to discover the origin of "evil," otherwise the "devil," without coming to any satisfactory conclusion, when, lo! his sable majesty's nativity has been suddenly brought to light by an obscure and hitherto almost unknown tribe of savages, inhabiting a cold and almost unknown region. The *London National Reformer* says: "It is stated that Terra del Fuego has been traversed by Lieut. Masters, R.N., who has discovered that the natives believe in devils, and that they are the departed spirits of members of the medical profession. The main object of their religious ceremony is to keep these devils at a distance from them."—*Medical Record.*

HEALTH AND LONGEVITY.—Dr. Reginald Southey, in a recent lecture on "Hygiene," reported in the *Lancet*, has the following observations on health: "Health and Longevity are not synonymous; neither are health and great muscularity. The most muscular men, great prize-fighters, men who could fell an ox with their fists, have been known to be always ailing, and complaining about themselves. The state of perfect training, regarded by these who know little of it, as a condition of most perfect health, is rather one of morbid imminence. Longevity, like height, is a race attribute, but it does not signify health. The three oldest people I ever knew, women who reached respectively eighty-nine, ninety-eight, and a hundred, were valetudinarians, and had been so nearly all their lives."

THE Rochester (N.Y.) Homœopathic Medical Society was organized May 4th, 1876, with a membership of twelve, and chartered August 3d, as a city society, holding regular monthly

meetings. There is great interest manifested in these meetings, interspersed as they are with the reading of original papers, and reports of clinical cases. Present—*Officers:* R. A. Adams, M.D., President; Chas. E. Pinkham, M.D., Vice-President; C. W. Baker, M.D., Secretary; G. F. Hurd, M.D., Treasurer; F. Dew Bates, M.D., Librarian; J. A. Biegler, M.D., A. B. Carr, M.D., W. P. Fowler, M.D., Censors. Next regular meeting September 13th, at Dr. Fowler's, 27 Fitzhugh street. All communications must be directed to C. W. Baker, M.D., 87 Plymouth avenue, Rochester, N.Y.

HOMŒOPATHIC HOSPITAL, WARD'S ISLAND.—Census Report, July, 1876. Remaining in hospital June 30th, males, 302, females, 90, total, 392; native, 103, foreign, 289. Births, males, 1. Admitted since, males, 171, females, 93, total, 264; native, 62, foreign, 202. Total treated, males, 474, females, 183, total, 657; native, 166, foreign, 491. Discharged, males, 135, females, 96, total, 231; native, 66, foreign, 165. Remaining July 31st, 1876, males, 331, females, 72, total, 403; native, 94, foreign, 309.

THE meetings of the New York County Homœopathic Medical Society will be resumed for the season Wednesday evening, September 13th. The Bureau of Obstetrics, W. N. Guernsey, M.D., chairman, will report.

CORRECTION.—Article entitled "Conservative Surgery," August number, Vol. IV., page 105, 15th and 16th lines, second column, should read "3 to 3½ inches deep," instead of 7 to 8.

DANGER OF VAPOR BATHS.—An old man, aged seventy, recently died in a vapor bath in Paris, from cerebral congestion.

SPECIAL RATES.

THE NEW ENGLAND MEDICAL GAZETTE and THE HOMŒOPATHIC TIMES mailed to one address, \$5.00 per annum.

TWENTY-FIVE per cent. additional charge for pages facing reading matter. The two reference lines on face page, \$2 each one insertion; \$5 three insertions.

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